

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

APPLICATION FOR REINSTATEMENT
FOLLOWING ADMINISTRATIVE
DISSOLUTION/REVOCATION
(LIMITED LIABILITY PARTNERSHIP)

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-143, this application is submitted to the Office of the Secretary of State, State of Tennessee, for reinstatement.

1. The name of the Limited Liability Partnership is _____

(Name change if applicable) _____

2. The effective date of its administrative dissolution/revocation is _____
(must be month, day and year)

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.

☐ has/have been eliminated.

[NOTE: Please mark the applicable box.]

4. The Limited Liability Partnership name as listed in number one (1) satisfies the requirements of the Tennessee Limited Liability Partnership Act Section, Section 61-1-145, as appropriate.

5. The Limited Liability Partnership control number assigned by the Secretary of State, if known is _____.

Signature Date

Name of Limited Liability Partnership

Signer's Capacity

Signature

Name (typed or printed)